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could be arranged for various localities by state and county association and posted in every high school in every state. They would certainly help to draw the attention of high school girls to the advantages offered them in selecting nursing as an occupation.

A CORRECTION

IN our May issue, we referred to the Bulletin published by the National Educational Department at Washington, in which is embodied an outline of the present status of nursing education by Miss Adelaide Nutting. We are asked to correct an error which appears in this Bulletin, which gives the adoption of the three years' course by the training school connected with the University of Pennsylvania Hospital in Philadelphia to have been in 1904, which should have read 1895, nine years earlier than the date recorded.

THE HABIT POISONS

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SECOND PAPER—TREATMENT

THE treatment of the habit poisonings may be divided into the following stages: (1) withdrawal of the poison; (2) treatment of the physical condition consequent on withdrawal of the drug; (3) treatment of the physical condition resulting from the use of the drug; (4) treatment of the causative physical condition, if present; (5) mental readjustment.

The prophylaxis of drug poisoning was spoken of in the former (May) issue. The greatest difficulties in carrying to a successful outcome the treatment of any morphine habitué lies in the first and last phases of the above plan. The withdrawal of the drug calls for the utmost care and vigilance on the part of the attendants. The patient cannot and will not co-operate; all his efforts being directed to obtaining a supply of the drug. If he knows he is to undergo an attempt at cure, he will secrete about his person a supply of the poison which may be sufficient for the time he expects to be confined; when inquiry is made as to the amount he usually takes he will greatly overstate it in order that he may be as little inconvenienced as possible when the "cutting down" process is undertaken. He will attempt to secure a supply from any one with

whom he may come in contact, and it is a robust mentality which can withstand the pleading of the victim, whose wretched condition is evident. To appeal to the physician or nurse he knows to be futile, but any person not intimately connected with the case, as servants or employees of the institution, may be corrupted sympathetically or pecuniarily. In one well-known case the patient obtained her supply by lowering a string from her window, the gardener attached the desired drug in a small package, and the efforts of treatment were unavailing. The patient must be completely isolated, seen only by physician and nurses, under a constant watch, not to be intermitted for any reason, and kept in bed for the first days of treatment.

The dose which was formerly taken is approximated, and one-half that amount given the first day, one-half that the next, and so proceeding until the smallest doses are taken, these being finally suppressed. The abrupt method is not to be advised, as collapse is frequent and death not unusual. Any slower method than the one-half daily reduction is likely to be too long drawn out, and even that method is often prolonged beyond expectation owing to delays which may be necessary.

Having reduced the daily amount to which the patient is accustomed, symptoms consequent upon such withdrawal immediately present themselves. The physical depression becomes greater, there is a gastro-intestinal disturbance resulting in nausea and vomiting, great difficulty in assimilating what food is taken, though this is but fluid, and a troublesome diarrhoea. With this is associated a relative cardio-vascular failure, palpitation, precordial distress, a rapid, weak, low-tension pulse, and coldness and cyanosis of the extremities. The patient is peculiarly liable at this time to any intercurrent infection. These conditions must be met with the usual therapeutic measures,—careful feeding, gastric and cardiac stimulants, elimination by cathartics of the gastro-intestinal irritant, and the promotion of excretion by the skin by means of warm baths. While these conditions are distressing and important, they are vastly overshadowed by the mental and nervous condition produced by the withdrawal of the drug. The patient, at first nervous and restless, soon becomes profoundly shaken, and his nervous and mental state borders on insanity. Insomnia is extreme, the nervous irritability such that the most trivial stimulus may provoke the most severe disturbances, his pleas for rest and quiet, easily obtainable from morphine, and he knows it, are heart rending, and while the morphine habitué seldom commits acts of violence, he may at this one stage attempt self destruction or attack his attendants. The drug treatment of this condition is unsatisfactory, the usual hypnotics have little effect, the chloral group

is dangerous, and the best results come from the use of some members of the belladonna family, especially hyoscine in small doses.

Hydrotherapy, in the form of warm baths, cold packs, salt rubs or sponge baths, does more toward promoting calm than any other measures, and it will readily be seen that absolute quiet and complete isolation are essential. The use of small amounts of morphine at this stage is to be deprecated, but it may be absolutely necessary, and if used should be regarded and employed as a *dernier ressort*, and the knowledge of its employment carefully concealed from the patient.

It must be remembered that this patient is not a healthy person, but one whose resistance has been lowered, whose body functions have been perverted, whose blood stream is depleted, and who has in his economy an antibody which has been produced as an antagonist to the morphine, the production of which has not ceased abruptly on the withdrawal of the causative drug. The treatment directs itself therefore to the maintenance of body strength, to the lessening of energy output, to the building up of the blood stream and nutrition, and to encouraging the elimination of the products of the altered metabolism. There are no special or specific drugs to meet this condition, and the therapeutic skill of the attendant must be exerted to the utmost in an endeavor to promote a return to the physical normal.

The treatment of the causative physical condition calls for a careful investigation into any underlying or previous illness which may have been the starting point of the original morphine poisoning. It means also the painstaking care of any chronic disorder and an attempt to alleviate it, so that when the physical effects of the morphine have been removed, the patient will not have a constant stimulus to renew his morphine. This phase of the treatment is of vast importance, and it is of scant advantage to a patient to be cured of morphine poisoning from the physical standpoint and be left with an unceasing demand for the quieting effects engendered by a physical complaint whose intensity has certainly not been diminished by the course in morphine.

Most important of all is the phase of the treatment which may be called mental readjustment. By this is meant an entire change in the patient's mental outlook, a new fashion of envisaging life, and alteration of his attitude of his environment. In the first paper on this subject it was noted that the victim of the habit poisons was one on whom the stress of life came more heavily, who had a hypersensitive nervous organization, whose powers of resistance were somewhat attenuated, and whose will power was not so vigorous as in the normal individual. To change this type into some one more nearly approaching normal is a task of

almost insurmountable magnitude and of long-enduring patience, and is accomplished through education or rather re-education. Some men of unusual mental vigor have, after their physical condition has been restored, taken upon themselves this problem and have succeeded in completing a mental readjustment; but the usual type is not only unwilling to do this but incapable of such effort, and in the words of a modern writer, they have "to hire a back bone." It may be said in general that good back bones are not for hire, and it means that unless this patient can be placed under the care of a person of a remarkable degree of mental force and kept under the influence of that force for a long time, months certainly, years probably, that relapse is certain and the drug habit will be resumed. It is not by any means sufficient merely to separate the patient from his drug and keep him from it for a longer or a shorter period, the real necessity is to make him self-reliant, to restore his mentality, to give him an object which shall compel him to refrain from what was and very probably still is his strongest impulse. To do this several means have been tried. It has been suggested, and in many cases found successful, to remove the patient from his former environment and put him at some work quite different to what he had been following. Many professional men from city environments have found, their former life left behind, a salvation in market gardening, and a passionate devotion to cabbages has engrossed the energy formerly expended on the administration of vast financial enterprise. The "suggestion treatment" is found of value in some cases, especially when it can be combined with a religious idea, as in the Emmanuel Movement, but the mere idea is not sufficient, the patient must have something to do, something which has an end and an object, and as far as possible removed from those conditions under which the former life activities have been employed. Such fields as charitable and settlement work may be advantageous, but some form of occupation that brings with it more immediate rewards and less discouragement is preferred. In all cases an active out-door existence is better than the most engrossing type of sedentary work. The upbuilding of the patient's moral self may be represented thus; if will power is greater than desire, or can be made so, a cure will be accomplished; if not, relapse is certain. The whole end of treatment is, then, to build up the will power and renew the patient's strength to resist the craving when it returns, which is inevitable though it may be long delayed.

The chronic poisoner by cocaine presents a therapeutic problem which differs somewhat from the foregoing, which applies to morphine and its allies. The physical condition of the cocaine user is more readily restored than that of the chronic morphine poisoner, and it is frequently

stated that the victims of cocaine are more readily cured than those who use opium. In so far as the treatment of the immediate and remote physical condition induced by the drug is concerned, this is quite true. The withdrawal of the drug is not accompanied by so many or so severe symptoms, and the restoration to health under good condition is more rapid and complete. If the poisoner has arrived at that stage of mental deterioration represented by an insanity of the paranoid type, the removal of the drug may cause, after an exacerbation, often maniacal in form, a gradual return to normal, and the course of these mental symptoms presents this marked difference to morphine poisoning, that a small dose of cocaine at this stage aggravates the mental condition rather than ameliorating it as in the case of the morphine poisoning. It is also necessary to emphasize the fact that while rarely will a morphine poisoner resort to violence, even in the worst stages of his intoxication, but rather to stealth and trickery, the cocaine user may make assaults upon his attendants at any stage of his treatment, but particularly during the early phases when the desire for the drug is still acute and the memory of its effects still fresh. The cocaine habitué is the only drug poisoner who places himself under treatment armed.

Later on the problem is more grave and perplexing: the morphine user may have been aware of his degeneration and of the havoc caused by the drug; the cocaine user looks back, however, on an area of self-realization never again to be secured but by the use of the forbidden drug. He knows, too, that that vast and spacious mental felicity and facility which were his can never be his again, and that such mental efforts as he may be called upon to make must proceed by the usual painstaking method, and not be accomplished at a bound as they could be under cocaine. It is this that gives the drug its truly awful fascination; being a true cerebral stimulant, the condition produced by it may by no other means be duplicated, and though the victim may hate his habit, he recognizes in it that means of uplift which may not be replaced. Even a long abstinence is by no means a sign of a cure, and when the strain or necessity comes, the recourse to the former saving power is almost inevitable. This being the condition, it will be seen that the only chance of saving the cocaine user from a relapse means not only a complete change of life, activity, environment, employment, but also a change in his attitude to all these things. It means years of patient care and supervision, the avoidance of any kind of shock or strain, and the attenuation of care and disappointment, in fact the cushioning of the individual against the angular roughness of life. To undertake such a task calls for a devotion which must be almost superhuman and which will inevitably be tried to the uttermost.